

Kentucky Secretary of State

TREY GRAYSON

Division of Corporations
BUSINESS FILINGS
P.O. Box 718
Frankfort, KY 40602
(502) 564-2848
<http://www.sos.ky.gov/>

Request for Corporate Documents

BUSINESS NAME: _____

CERTIFICATES REQUESTED

All certificates are \$10.00 each.

DOMESTIC CORPORATION/LIMITED LIABILITY COMPANY

- ☐ CERTIFICATE OF EXISTENCE
- ☐ LONGFORM CERTIFICATE OF EXISTENCE
- ☐ CERTIFICATE OF VOLUNTARY DISSOLUTION
- ☐ CERTIFICATE OF ADMINISTRATIVE DISSOLUTION
- ☐ CERTIFICATE OF REGISTERED AGENT
- ☐ CERTIFICATE OF NO RECORD

REGISTERED LIMITED LIABILITY PARTNERSHIP

- ☐ CERTIFICATE OF NO RECORD

DOMESTIC LIMITED PARTNERSHIP

- ☐ CERTIFICATE OF FORMATION
- ☐ CERTIFICATE OF REGISTERED AGENT
- ☐ CERTIFICATE OF NO RECORD

FOREIGN CORPORATION/LIMITED LIABILITY COMPANY

- ☐ CERTIFICATE OF AUTHORIZATION
- ☐ LONGFORM CERTIFICATE OF AUTHORIZATION
- ☐ CERTIFICATE OF WITHDRAWAL
- ☐ CERTIFICATE OF REVOCATION
- ☐ CERTIFICATE OF REGISTERED AGENT
- ☐ CERTIFICATE OF NO RECORD

DOCUMENTS REQUESTED

- ☐ ALL DOCUMENTS FILED
- ☐ ALL DOCUMENTS FILED
(EXCLUDING ANNUAL REPORTS)
- ☐ ARTICLES, AMENDMENTS, MERGERS
- ☐ INCLUDE ASSUMED NAMES
- ☐ ARTICLES OF INCORPORATION
- ☐ ARTICLES OF ORGANIZATION
- ☐ CERTIFICATE OF LIMITED PARTNERSHIP
- ☐ STATEMENT OF PARTNERSHIP AUTHORITY
- ☐ APPLICATION FOR CERTIFICATE OF AUTHORITY
- ☐ APPLICATION FOR CERTIFICATE OF AUTHORITY AS A
FOREIGN LIMITED PARTNERSHIP
- ☐ APPLICATION FOR CERTIFICATE OF AUTHORITY AS A
FOREIGN BUSINESS TRUST
- ☐ STATEMENT OF QUALIFICATION

Please indicate if your document request is for regular copies or certified copies:

- ☐ REGULAR COPIES
(\$5.00 up to 5 pages, then \$0.50 a page thereafter)
- ☐ CERTIFIED COPIES
(\$5.00 up to 5 pages, then \$0.50 a page thereafter and \$5.00 for the certificate)

REQUESTOR'S INFORMATION:

Contact Person: _____ Company: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

If you want the documents returned by fax, an additional fee of \$5.00 is assessed: Fax return: Yes: ☐ No: ☐

Payment Information (If paying with a pre-paid account number, please list 3-part account number): _____

Comments: _____